

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		3				
10	1					
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17	3					
18	4					
19						
20						
21						
22						
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38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	21	21	21	21	21	21
TOTAL CLAIMS	25					

TOTAL IND.

21

21

21

TOTAL DEP.

21

21

21

TOTAL CLAIMS

25

25

25